(b) if so, the details thereof and the action taken against DCI for negligence in the matter;

(c) whether such type of incidents had been brought to the notice of his Ministry in the past; and

(d) if so, the details thereof ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C.P. THAKUR):(a)Yes, Sir.

(b) M/s Nicholas Piramal India Limited (NPIL), Mumbai, had moved the Monopolies & Restrictive Trade Practices Commission urging it to ask Dr. Reddy's Laboratory, Hyderabad to withdraw r-GCSF (Grastim) injection, stocks and stop sales of the product as the NPIL alleged that the package insert of Grastim contains some false and misleading statements. Similar representation was also make to DCG(I).

Consequent to the representation, M/s. Dr. Reddy's Laboratory, Hyderabad was directed to submit fresh revised package insert of Grastim and to replace the existing package insert. M/s. Dr. Reddy's Laboratory, Hyderabad then submitted revised version of package insert after deleting the objectionable matter and the same was approved.

(c) and (d) No, Sir.

Involvement of PRIs in Family Welfare Programme

2143. SHRI W. ANGOU SINGH : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the involvement of the Panchayati Raj Institutions in the Family Welfare Programme;

(b) the achievement of each State regarding the involvement of Panchayati Raj Institutions in the implementation of Family Welfare Programme; and

(c) the funds allocated to each State for the said programme during the Ninth Five Year Plan?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C. P. THAKUR): (a) to (c) Department of Family Welfare strives to involve Panchayati Raj Institutions (PRIs) through a number of programmes/schemes where participation of the community especially PRIs is envisaged.

Some State Governments have delegated the administration of primary health care and basic & primary education to Panchayats within their States. This becomes most effective when financial powers are also similarly delegated to Panchayats. Kerala is the best known example of a State delegating almost 40 per cent of their budget to Panchayats.

Under the Community Needs Assessment Approach the needs of contraception and Family Planning are measured/assessed by Auxiliary Nursing Midwife/worker through participatory techniques with community especially PRIs.

The Information Education & Communication (IEC) component of the family planning of the Family Welfare Department has now been decentralized to the district level and the District IEC Plan is approved only as per the suggestions of the Zila Saksarata Samiti. The ZSS is fully empowered to suggest IEC interventions as per the rural lingua, idioms and needs. During 2000-01, 231 ZSS plan were approved.

Under a number of Area Projects, under implementation in various States, the task of construction of buildings has been entrusted to the PRI bodies. In the States like Kerala, Maharashtra, Karnataka etc. even the furnishing and equipping of Sub-Centres, Primary Health Centres and Urban Health Centres, is being done by PRIs. Local bodies like Municipal Corporation of Delhi, Calcutta, Hyderabad and Bangalore, are fully involved in implementation of India Population Project-VIII.

The Mahila Swasthya Sanghs and the village Self-Health Groups are being increasingly used to propagate agenda of family welfare in the villages. Although, these bodies do not strictly come within the system of PRIs, however, vigilant and active members of the village are often represented both on PRIs and in such bodies.

Trainings are being organized for members of the PRIs, especially the women representatives to sensitize and enlighten them about the RCH progamme and their role in it.

There is a provision under the Reproductive and Child Health Programme for assisting transportation of pregnant women, belonging to indigent families with complications during pregnancy/delivery, to the nearest referral centres. This scheme is being implemented through the Panchayats in 25% Sub-Centres of all 'C'category districts. The funds allocated to different States under the scheme are given in the Statement enclosed.

STATEMENT

Reproductive and Child Health Programme Details of Releases and Expenditure Refferal Transport

Applicability : 25% Sub-Centres of C* category districts. Extended to all States

SI. No.	States/UTs	Details of Releases (Rs. in Lakhs)						Physical Achievement		
		97-98	98-99	99-00	00-01	01-02	Total	Exper Re portec	Expen Tar- Act- get	
1	2	3	4	5	6	7	8	9	10	11
1.	Andhra Pradesh									
2.	Arunachal Pradesh									
3.	Assam	3.00					3.00		9C	
4.	Bihar									
5.	Chhattisgarh				0.00	5	0.00			
6.	Goa									
7.	Gujarat				52.90		52.90			
8.	Haryana	30.00					30.00			
9.	Himachal Pradesh				22.45		22.45			
10.	J & K									
11.	Jharkhand				00 00		0.00			
12.	Karnataka									
13.	Kerala									
14.	Madhya Praesh	75.00					75.00	13.45		
15.	Maharashtra									
16.	Manipur									
17.	Meghalaya									

I	2	3	4	5	6	7	8	9	10	11
18.	Mizoram				4.20	4.20				
19.	Nagaland		6.40			6.40				
20.	Orissa		12.65			12.65		.		
21	Punjab									
22.	Rajasthan		72.50			72.05	0.25			
23.	Sikkim									
24.	Tamil Nadu								.	
25.	Tripura									
26.	Uttar Pradesh	30.0			0.00	30.00	3.25		.	
27.	Ultaranchal				17.15	0.00				
28.	West Bengal					17.15				
29.	A&N Island									
30.	Chandigarh									
31.	D & N Haveli									
32.	Daman & Diu									
33.	Delhi									
34.	Lakshadweep		0.50		0.50		0.50			
35.	Pondicherry									
	TOTAL	138.0	91.10	0.00	97.20	0.00	326.30	16.70	90	

Release of funds based on proposals from States

*There are 263 'C' Category districts in the country.